

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

300 5/24/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>2/28/05</u>		2 Serial/Patent # <u>10/517499</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing	<u>entity status</u>		
<input type="checkbox"/> Amendment			\$ <u>700</u>
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>700</u>	
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
		<input checked="" type="checkbox"/> Credit Deposit, A/C #:	
9 REASON:		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 -- 0 4 2 5 </div>	
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140-ext 231</u>	
OFFICE: <u>DO/EO</u>			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B